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Late onset Presentation of Hori's Nevus in and Elderly Caucasian Female

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Late Onset Presentation of Hori's Nevus in an Elderly Caucasian Female

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Abstract

Acquired Bilateral Nevus of Ota-like Macules (Hori's Nevus) are characterized clinically by bilateral blue-gray to gray-brown macules or patches most commonly over the zygomatic area and histopathologically by pigmented, elongated dendritic melanocytes within the dermis[1]. Like other dermal melanocytoses this condition is more common in Asians and is usually congenital or appears during childhood or adolescence[2,3].

Introduction

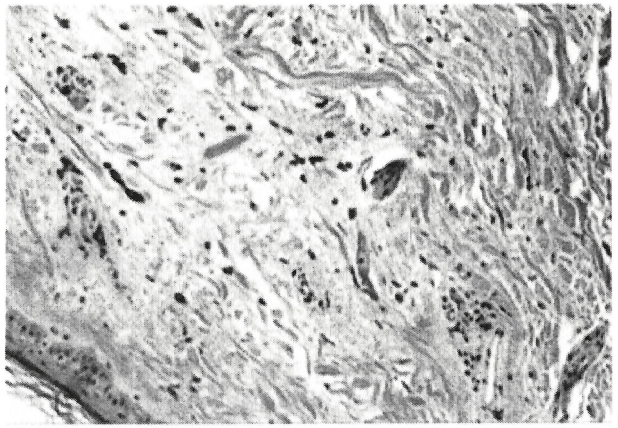
Hori's nevi are usually congenital and have a poorly understood pathogenesis. Lesions consist of blue-grey macules distributed on the forehead, temples, eyelids, cheeks and nose while sparing the eye and oral mucosa. They persist for life with variable extension and color intensity. There is a female preponderance and they are more common in Asians with rare onset after the age of twenty years. Incidence for Caucasians is very low, particularly in the elderly. It is important to be aware of this possibility however rare so it can be differentiated from other more concerning acquired lesions.

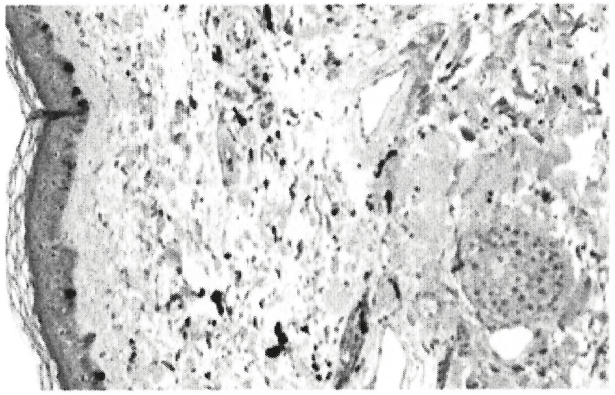
Case Report

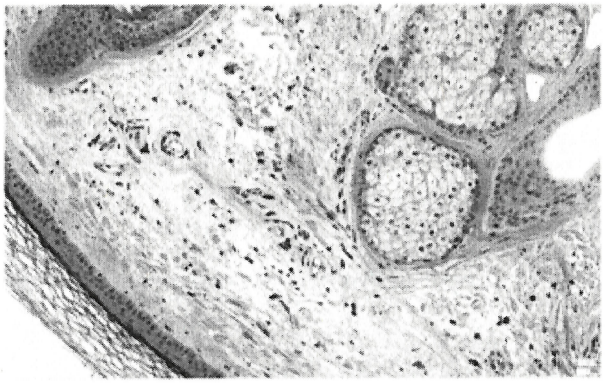
Our patient is an 81 year old female with a rare presentation of Acquired Bilateral Temporal Hori's Nevi. She presented with an approximately two year history of asymptomatic bilateral temporal brown to gray pigmented patches. Punch biopsies were consistent with dermal melanocytoses and follow up full body skin exam and ophthalmology evaluation did not reveal any associated neoplasms or glaucoma.

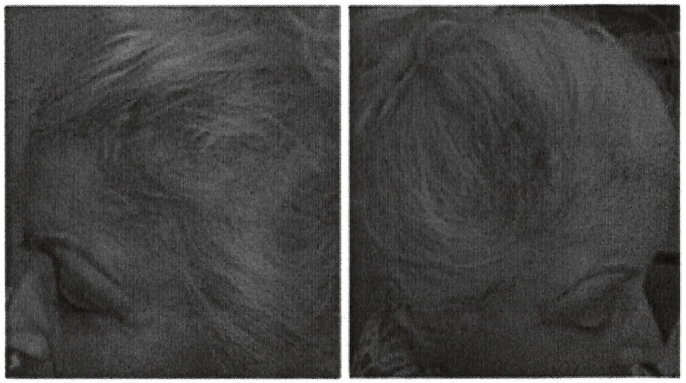
Histopathology

On histology, there are deeply pigmented dendritic melanocytes and melanophages, highlighted by S-100 in figure C, that dissect through bundles of dermal collagen within the reticular dermis.









Discussion

Awareness of this entity as a possibility for elderly Caucasians has two-fold importance. First, a new onset melanocytic lesion in an elderly Fitzpatrick I or II individual raises the spectre of the more prognostically concerning primary or even metastatic melanoma. Secondly, while generally a very safe lesion it does have associated risks, including glaucoma and very rarely melanoma. In other words when this condition does occur atypically in an elderly female, Caucasian or otherwise, it is important to differentiate it from more concerning lesions and to implement appropriate screening for possible associated diagnoses.

References

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